In this issue of *Athletic Therapy Today*, Rich Ray begins his Administratively Speaking column with the Shakespearean quote, "To be, or not to be." Given the subject matter I wish to address, I am tempted to call this column, "To Pee, or Not to Pee."

But the issue of whether or not athletes must urinate before they can be eligible for participation has already been decided by the U.S. Supreme Court. Most recently, as Mike Dolan discusses in his Points of View column, the judicious justices of our country’s highest court have decided that not only is it legal to require high school athletes to submit to urine tests for drugs prior to participation, but apparently that doing so will send a message to the nonathletic population that taking drugs is wrong.

At the outset I want to state that I have always questioned the practicality and legality of drug testing for athletes. Now, before you immediately assume I am a bleeding heart liberal and have no common sense, let me assure you that I am not a member of the ACLU, I have voted for Republicans, and I do despise drugs and the people who use and sell them.

Let me illustrate a few points as to the practicality of such programs. Knowing that he would be tested for drugs did not stop Ben Johnson from steroid use in the 1988 Olympics. Professional athletes use performance enhancing drugs and so-called recreational drugs (now there’s a term that says something about our society) in spite of league-mandated drug testing. Every year college athletes are suspended for failing NCAA random drug tests or tests at championship events. My point is that I am not sure testing really works.

My other point is, I don’t accept the idea that in this country you should be able to compromise one’s constitutional rights to solve a problem. Especially when the group whose rights are being compromised is not a significant contributor to the problem you are trying to solve. Drug-using athletes constitute a minority of the total athletic population. Certainly they represent only a small fraction of all drug users in this country.

Athletes are just people. They are no different from anybody else. We have allowed the media to make them into something special. To suggest that by testing athletes for drugs we can send a message to the rest of society is ludicrous. To suggest that athletes are not afforded the same protections of the Constitution as the rest of us is alarming.

Here’s an analogy that came to mind after watching some TV sports talk show: Most of us break the speed limit from time to time. Numerous studies have proven this. What if one of our legislators proposed a law that would require all automobiles to be equipped with a computer that would immediately record for the police each time we exceeded the speed limit? How would we feel about this surefire way to reduce the number of speeders on our highways and the number of deaths from automobile accidents?

Such a law would surely have more of an impact on our daily lives than testing athletes for drugs. But I doubt it would ever pass because no one, except the few bothersome drivers who always obey the speed limit, would support it. The rest of us would cry that such legislation is unconstitutional and an infringement on our right to privacy. Yet student athletes, who represent only a fraction of the population of illicit drug users, are being subjected to the same type of pre-emptive intervention with the approval of our nation’s highest court. If these standards were applied to the speed limit laws, most of us would go broke paying speeding fines.

Continuing with the driving analogy, how would we feel if driver education teachers reported each of their students who disobeyed any traffic law? Would this not represent an ethics conflict for the driver’s ed teacher? After all, he or she is supposed to counsel young drivers, point out their mistakes, show them the dangers of their bad habits, and make them better and more responsible drivers.

Now we get to the bottom of what really bothers me about drug testing of athletes: How did athletic therapists, specifically athletic trainers, ever become the professionals charged with the responsibility for administering drug tests to athletes? What is the rationale for us to perform this function?

From my perspective, it can only be to satisfy some athletic administrator, because I cannot find
any justification based on professional or ethical standards. I have examined the NATA-BOC Role Delineation Study and found no competency, knowledge, or skill which suggests that athletic trainers should be the enforcers of drug rules or the administrators of the tests.

A review of the NCAA testing procedures clearly indicates that no medical or allied health qualifications are required of the institution’s drug testing team. In other words, any secretary or administrative assistant could do it. Personally, I think this is a good job for the campus police since chain of evidence and catching the bad guy are the paramount concerns. I can think of no requirements for a college degree or recognition as a health care professional to qualify one to observe someone urinate. When I provide a urine sample for my doctor, he or his nurse do not watch me.

I cannot figure out what prompts some of my colleagues to perform drug tests. Do they really think such testing is a deterrent? Do they see themselves as fulfilling their responsibility to prevent health problems? Are they justifying their jobs? My best guess is that many assumed these responsibilities when some athletic administrator decided drug testing has a scientific component, thus the athletic trainer must be the best qualified staff member to do it. I may not be sure how we arrived at the point of having athletic therapists conduct drug tests, but I am sure it is a role we should examine closely.

The NATA-BOC Role Delineation Study clearly indicates that the athletic trainer is to be a counselor and a source of health related information and referral. There is a strict code of ethics regarding confidentiality among medical and allied health professions. Has the athletic therapist who allows himself or herself to be involved in drug testing crossed over the fine line that separates us as sports health care professionals from those who are simply sports professionals?

Our responsibility is to counsel and advise, and to do so in strict confidentiality. If we become enforcers or are perceived as such, we compromise this role. Maybe it’s time for the NATA and the Sports Medicine Section of the APTA to scrutinize this issue and decide what the role of the athletic therapist should be. Perhaps they should adopt position statements clarifying whether the athletic therapist is to be a counselor or an enforcer, a confidential source of help or a whistle blower.

After reading Doug Kleiner’s article in this issue of ATT and realizing that many athletic trainers don’t even know how to use essential emergency equipment, I can’t help but wonder why we don’t spend more time preparing for the medically related roles for which we are trained and obligated to perform, rather than watching athletes urinate.

"To pee, or not to pee" is not really the question; athletes at all levels are being told they have to. "To test, or not to test" is not the question either; our courts have already decided that. "To watch, or not to watch”—that is the question.

Joe Hodek

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